Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155635	A. BUILDING _____ B. WING _____	C 06/02/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE VILLAGE HEALTH CARE FACILITY	337 GRACE VILLAGE DRIVE WINONA LAKE, IN 46590

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the investigation of Complaint IN00091335. Complaint IN00091335 unsubstantiated, due to lack of evidence. Survey date: June 2, 2011 Facility number: 000501 Provider number: 155635 Aim number: 100266260 Survey team: Carol Miller RN Census bed type: SNF: 11 SNF/NF: 65 Residential: 50 Total: 126 Census payor type: Medicare: 8 Medicaid: 35 Other: 83 Total: 126 Sample: 8 Grace Village Health Care Facility was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the investigation of Complaint IN00091335. Quality review completed 6-3-11 Cathy Emswiller RN	R 000		